Image# 14941200863 PAGE 1 / 16

# **FEC**

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

FURIN 3A	For Other Than An Aut	horized Committee	Office Use Only	
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
National Committee to	Preserve Social Sec	curity & Medicare PAC	;	
ADDRESS (number and street) ▼	10 G St. NE Suite 600			
Check if different than previously reported. (ACC)	Washington		DC 20002-4215 –	
2. FEC IDENTIFICATION N	IUMBER ▼ CIT	TY 🛦	STATE ▲ ZIP CODE	<b>A</b>
C C00172296		S THIS X NEW (N)	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) X May 20 Jun 20 (	(Non Year	v 20 (M11) n-Election r Only) c 20 (M12)
(a) Quarterly Reports:		20 (M4) Jul 20 (M	(Non Year	n-Election r Only)
April 15 Quarterly Report (		Primary (12P)		noff (12R)
July 15 Quarterly Report (	PRF-Election	Convention (12C)	Special (12S)	,
October 15 Quarterly Report (	Q3)	M M / D D	/ Y Y Y Y Y in the	
January 31 Year-End Report (	YE) Election	on on	State of	<u></u>
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Spe	ecial (30S)
Termination Repor (TER)		on on	in the State of	
5. Covering Period	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 0	4 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
I certify that I have examined t	his Report and to the best of	my knowledge and belief it	s true, correct and complete.	
Type or Print Name of Treasur	er Ms. Christine Kim			
Signature of Treasurer Ms.	Christine Kim	[Electronically Filed]		014
NOTE: Submission of false, error	neous, or incomplete informatio	n may subject the person sign	ng this Report to the penalties of 2 U.S.C	D. §437g.
Office Use Only			FEC FORM Rev. 12/2004	3X

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period: From: 04 01 2014 To: 04 30 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2014		144692.84
	(b) Cash on Hand at Beginning of Reporting Period	77871.16	
	(c) Total Receipts (from Line 19)	253259.15	253264.14
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	331130.31	397956.98
7.	Total Disbursements (from Line 31)	128705.07	195531.74
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	202425.24	202425.24
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### National Committee to Preserve Social Security & Medicare PAC

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		501100
(i) Itemized (use Schedule A)	5914.00	5914.00
(ii) Unitemized	, 247344.60	247344.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	253258.60	253258.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		050050.00
Totals to Line 33, page 5)▶	253258.60	253258.60
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	· ·	,
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	·	,
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.55	5.54
. Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	253259.15	253264.1
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	253259.15	253264.14

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) A	ing Expenditures:  located Federal/Non-Federal		Calcinati Four to Duto
(i)	ctivity (from Schedule H4)  Federal Share	0.00	0.00
(1)	rederar oriale		
(ii	Non-Federal Share	0.00	0.00
	ther Federal Operating		
	kpenditures	109978.43	154488.68
	otal Operating Expenditures	109978.43	154488.68
	dd 21(a)(i), (a)(ii), and (b))▶ ers to Affiliated/Other Party	109970.43	134408.00
	ittees	0.00	0.00
. Contrib	outions to		
and O	al Candidates/Committees ther Political Committees	18726.64	40351.43
Indepe	ndent Expenditures		
(use S	chedule E)	0.00	691.63
Coordi (2 U.S	nated Party Expenditures .C. §441a(d)) chedule F)	0.00	
(use S	chedule F)	0.00	0.00
	No. of the Mark	0.00	0.00
Loan I	Repayments Made	0.00	0.00
Loane	Made	0.00	0.00
Refund	ds of Contributions To:		
	dividuals/Persons Other	0.00	0.00
(b) P	olitical Party Committees	0.00	0.00
(c) O	ther Political Committees		
(s	uch as PACs)	0.00	0.00
(a) Ta	tal Cantribution Defunds		
` '	otal Contribution Refunds dd Lines 28(a), (b), and (c))	0.00	0.00
(a	du Lines 20(a), (b), and (c))		
. Other	Disbursements	0.00	0.00
Federa	al Election Activity (2 U.S.C. §431(20))		
(a) A	located Federal Election Activity		
	rom Schedule H6)	0.00	0.00
(i)	Federal Share	0.00	0.00
/::	A III aviiali Obarra	0.00	0.00
•	) "Levin" Share ederal Election Activity Paid Entirely	0.00	
(b) F	With Federal Funds	0.00	0.00
(c) To	otal Federal Election Activity (add	7	7 7
. ,	ines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Disbursements (add Lines 21(c), 22,		
23, 24	, 25, 26, 27, 28(d), 29 and 30(c))	128705.07	195531.74
_			
	Federal Disbursements		
	act Line 21(a)(ii) and Line 30(a)(ii)	120705.07	105524.74
irom L	ine 31)▶	128705.07	195531.74

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	253258.60	253258.60
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	253258.60	253258.60
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	109978.43	154488.68
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	109978.43	154488.68

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LIN	E NUMBER	: PAGE	6 OF	16					
ı	(check only one)									
	<b>X</b> 11a	11b	11c	12						
	13	14	15	16	17					

	the name and address of any political committee to	
/	rve Social Security & Medicare PAC	;
Full Name (Last, First, Middle Initial)  Mr Edmund A Dowling MD  Mailing Address  112 Laurel Ave  City Fairhope  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	State Zip Code AL 36532-1111  C  Occupation RETIRED  Aggregate Year-to-Date ▼  500.00	Date of Receipt  04 30 2014  Transaction ID: 21740334  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  3. Joan E Keker		Date of Receipt
Mailing Address  42480 Revere Ave  City Plymouth  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify) ▼	State Zip Code MI 48170-4127  C  Occupation RETIRED  Aggregate Year-to-Date ▼  214.00	04 17 2014  Transaction ID : 21740472  Amount of Each Receipt this Period  214.00
Full Name (Last, First, Middle Initial)  Mr Francis E Dion Jr  Mailing Address  1776 Arlin PI Apt D  City Fairborn  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary Other (specify)	State Zip Code OH 45324-2972  C  Occupation RETIRED  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / 10 2014  Transaction ID: 21744313  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional	)	964.00
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	7	OF	16	
(check only one)										
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			13		14		15	16	;	17

NAME OF COMMITTEE (In Full)	the name and address of any political committee ve Social Security & Medicare PA	
Full Name (Last, First, Middle Initial)  Mr Robert A Resnik  Mailing Address Apt 109  3160 Gracefield Rd Apt Rcc  City Silver Spring  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	State Zip Code MD 20904-1986  C  Occupation RETIRED  Aggregate Year-to-Date   350.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Mr Harold B Gigstad  Mailing Address  4626 Nandale Dr NE  City  Salem  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code OR 97305-1647  C  Occupation RETIRED  Aggregate Year-to-Date ▼  350.00	Date of Receipt  04 22 2014  Transaction ID: 21744481  Amount of Each Receipt this Period  350.00
Full Name (Last, First, Middle Initial)  Mr William Adams  Mailing Address  2113 N Meade Ave  City Chicago  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code IL 60639-2724  C  Occupation RETIRED  Aggregate Year-to-Date ▼	Date of Receipt  M M J 15 2014  Transaction ID : 21746153  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional).	<u> </u>	950.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	8	OF	16
(c	he	ck only							
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial)  Mr Norman Barnett  Mailing Address  35 Lazenby St  City	State Zip Code	Date of Receipt    M
Monroeville FEC ID number of contributing	AL 36460-1303	Amount of Each Receipt this Period
federal political committee.	C	350.00
Name of Employer	Occupation RETIRED	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  350.00	
Full Name (Last, First, Middle Initial) Mr Robert H Gardner	•	Date of Receipt
Mailing Address		04 15 _2014 _
124 County Road 32A City	State Zip Code	04 15 2014 Transaction ID : 21746982
Norwich	NY 13815-3501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation RETIRED	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Ms Mary T Dillon		Date of Possint
Mailing Address		Date of Receipt
60 Pleasant St Apt 302		04 30 2014
City	State Zip Code MA 02476-6519	Transaction ID: 21747697
Arlington	MA 02476-6519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation RETIRED	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	750.00	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:						PAGE	=	9	OF	16	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than usin	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Committee to Prese	erve Social Security & Medicare PAC	
Full Name (Last, First, Middle Initial)  A. Mr John M Fraser		Date of Receipt
Mailing Address 9 Oakwood Ave		04 30 2014
City Ocean View	State Zip Code DE 19970-9154	Transaction ID : 21748852  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation RETIRED	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  Mr Jack T Burns	•	Date of Receipt
Mailing Address  2155 Tide Cir  City	State Zip Code	04 15 2014
Memphis	TN 38134-5971	Transaction ID : 21749285  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation RETIRED	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Ms Elnora Hertig	1	Date of Receipt
Mailing Address 3282 Sunset Blvd		04 24 2014
City Seaside	State Zip Code OR 97138-5043	Transaction ID : 21749347  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation RETIRED	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)	1050.00
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Use separate schedule(s) for each category of the Detailed Summary Page

_		NUMBER	:	PAGE	. ′	10 OF	=	16
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	13	14		15		16		17

National Committee to Prese	erve Social Security & Medicare PA	C
Full Name (Last, First, Middle Initial)  Mrs A C E Phinney  Mailing Address  4520 Phinney Rd  City	State Zip Code	Date of Receipt    M
FEC ID number of contributing federal political committee.	TX 76940-9723	Amount of Each Receipt this Period 250.00
Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupation RETIRED  Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Ms Ingeborg Schlingloff  Mailing Address  822 Sanders Ave  City  Scotia  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General	State Zip Code NY 12302-1118  C  Occupation RETIRED  Aggregate Year-to-Date ▼	Date of Receipt  04 16 2014  Transaction ID: 21749552  Amount of Each Receipt this Period  750.00
Other (specify)  Full Name (Last, First, Middle Initial) Mrs Gloria L Block Mailing Address 71 Le Mans Ct City Prairie Village	State Zip Code KS 66208-5230	Date of Receipt  04 17 2014  Transaction ID: 21750119  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	Occupation RETIRED  Aggregate Year-to-Date ▼  350.00	350.00
	I)	1350.00

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П	EMIZED DISBURSEMENTS		category of the	(		21b	2:	2 [		23		24		25		7 26
		Detailed	Summary Page			27		- 3a		28b	Н	28c		29		30b
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\	NAME OF COMMITTEE (In Full)	oid Ca	ourity O Mass	4i.cc=		240										
/	National Committee to Preserve So	ociai 5e	curity & Med	ucar	e F	AC										
<u></u>	Full Name (Last, First, Middle Initial)															
Α.	BDO						Dat	e of	Dis	burse	men	t				
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	Purpose of Disbursement ACCOUNTING FEES					$\neg \neg$	_			_					_	,
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	Candidate Name			Cate										100	0.00	
	Office County	=		T	ype				-	7	-	7	-	. 00	3.55	
	Office Sought: House Disburser															
	Senate	Primary	General				ACC	100	ΝTΙ	NG F	EES					
	President State: District:	Other (spe	ciiy) 🔻													
_						+										
D	Full Name (Last, First, Middle Initial)						Dot	o of	Dic	huroo	mon					
D.	NCPSSM								פוט	burse						
	Mailing Address 40.0 Street NE							о4	/	1	D 1	/ Y		014	Y	
	Mailing Address 10 G Street, NE Suite 600							J <b>4</b>			1		20	014		
					<u> </u>											
	Washington	State DC	Zip Code 20002				Tr	ansa	acti	on ID	: 21	6855	99			
	Purpose of Disbursement			-		$\neg$										
	REIMB. OF SHIPPING EXPENSES			C	001		Amo	ount	of	Each	Disb	urser	nent	this	Perio	od
	Candidate Name	Category/ Type					7.00									
									_	7	_	7	_		7.86	
	Office Sought: House Disburser	nent For:														
	Senate	Primary			REIMB. OF SHIPPING EXPENSES											
	President	Other (spec	cify) 🔻													
	State: District:															
	Full Name (Last, First, Middle Initial)															
C.	NCPSSM						Dat	e of	Dis	burse	men	t				
	-							M	/	D	_	/ Y		Y	Υ	
	Mailing Address 10 G Street, NE						(	)4		1	1		20	)14		
	Suite 600	Ptoto .	Zin Code													
	City S Washington	State DC	Zip Code 20002				Tr	ansa	acti	on ID	: 21	6856	00			
	Purpose of Disbursement	<i>D</i> 0	20002													
	REIMB. OF POSTAGE EXPENSES			0	01		۸	Jun+	of.	Each	Dich	uroo	mon+	thic	Dor:	od
	Candidate Name				-	n/	Amount of Each Disbursement this Period							ou		
				Cate T	egor ype									2	4.38	
	Office Sought: House Disburser		•	,  - 0					7	_	7	_				
	Senate		REIMB. OF		)F	POST	TAGE	: EX	PENIS	SES						
	President	Primary Other (spec	cify) 🔻				IXLII	VID. V	<i>-</i> 1	1 001	AGL	- L/I	LING	JLO		
	State: District:	( )	*													
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ءِ	UBTOTAL of Disbursements This Page (optional)							_			_	_	_	103	2.24	
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۱,	OTAL This Period (last page this line number only)									_	_		-	_		

SCHEDULE B (FEC Form 3X)		FOD 1 1115	INE NUMBER: PAGE 12 OF 16						
TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBELL.						
I LIVIIZED DISDURSEIVIEN IS	for each category of the	\(\infty \) 21b	22 23 24 25 26						
	Detailed Summary Page	27	28a 28b 28c 29 30b						
Any information copied from such Reports and Staten	nents may not be sold or uses	hy any pered	on for the nurness of soliciting contributions						
or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)									
National Committee to Preserve So	ocial Socurity & Modi	caro DAC							
/	Ciai Security & Medit	Jaie i AC							
Full Name (Last, First, Middle Initial)			Data of Bishamanana						
A. NCPSSM			Date of Disbursement						
Mailing Address 10 G Street, NE			04 11 2014						
Suite 600									
City	State Zip Code		Transaction ID : 21685601						
Washington	DC 20002		Transaction ib . 21003001						
Purpose of Disbursement REIMB. OF PAC SALARY & BENEFITS EXPENSE	S	001	Amount of Each Disbursement this Period						
Candidate Name			Amount of Each dispursement this Period						
Canadado Name		Category/ Type	21149.34						
Office Sought: House Disburser	nent For:	71	,						
Senate	Primary General		REIMB. OF PAC SALARY & BENEFITS EXPENS						
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)									
- NCPSSM			Date of Disbursement						
Mailing Address 10 G Street, NE			04 15 2014						
Suite 600			04 13 2014						
City	State Zip Code		Transaction ID : 21697587						
Washington	DC 20002		Transaction ib . 21097307						
Purpose of Disbursement ADVANCE FOR INKIND CONTRIBUTION	044	Amount of Fools Diskumpersont this Davied							
Candidate Name	l.	011	Amount of Each Disbursement this Period						
Candidate Name		Category/ Type	-1726.64						
Office Sought: House Disbursen		Турс							
Senate	Primary General		ADVANCE FOR INKIND CONTRIBUTION						
President	Other (specify)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
State: District:									
Full Name (Last, First, Middle Initial)									
- NCPSSM			Date of Disbursement						
			M M / D D / Y Y Y Y						
Mailing Address 10 G Street, NE Suite 600			04 18 2014						
	State Zip Code								
•	DC 20002		Transaction ID: 21701738						
Purpose of Disbursement									
NO EXPRESS ADVOCACY, REIMB. OF LEAGL FE	ES	001	Amount of Each Disbursement this Period						
Candidate Name		Category/	602.00						
000		Туре	002.00						
Office Sought: House Disburser									
Senate   President	Other (specify) —		NO EXPRESS ADVOCACY, REIMB. OF LEAGL						
State: District:	Other (specify) ▼								
State. District.									
SUBTOTAL of Disbursements This Page (optional)			20024.70						
TODIOTAL OF DISDUISEMENTS THIS Fage (Optional)		·····							
TOTAL This Period (last page this line number only)									

### S 17

CHEDULE	B (FEC Form 3X)		I		PAGE 13 OF 16				
	,	Use separate schedule(s)	_	E NUMBER: PAGE 13 OF					
TEMIZED DISBURSEMENTS		for each category of the	(check only 21b	y one) 22 23	24 25 26				
		Detailed Summary Page	27	28a 28b	28c 29 30b				
	copied from such Reports and Sta								
r for commercial	purposes, other than using the n	name and address of any political	al committee to	o solicit contributions	s from such committee.				
NAME OF CO	MMITTEE (In Full)								
National C	Committee to Preserve	Social Security & Med	icare PAC	;					
		•							
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 14 OF								
ITEMIZED DISBURSEMENTS	WIZED DISPUDSEMENTS  Use separate schedule(s) (check of									
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		27	28a 28b 28c 29 30							
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or for commercial purposes, other than using the nam	e and address of any politica	l committee to	solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	-1-10	DAO								
National Committee to Preserve So	ocial Security & Medi	care PAC								
Full Name (Last, First, Middle Initial)										
A. NCPSSM			Date of Disbursement							
M ''' A L L			M M / D D / Y Y Y Y							
Mailing Address 10 G Street, NE Suite 600			04 18 2014							
	State Zip Code									
Washington	DC 20002		Transaction ID: 21701745							
Purpose of Disbursement ADVANCE FOR IN-KIND CONTRIBUTION										
Candidate Name		011	Amount of Each Disbursement this Period							
Candidate Name		Category/ Type	5000.00							
Office Sought: House Disbursen	nent For:	Турс	, , , , , , , , , , , , , , , , , , , ,							
Senate	Primary General		ADVANCE FOR IN-KIND CONTRIBUTION							
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Full Name (Last, First, Middle Initial)			Data of Bishamana							
B. Bank of America			Date of Disbursement							
Mailing Address 730 15th Street, NW			04 30 2014							
DC1-701-02-02, 2nd Floor		7. 30								
,	State Zip Code		Transaction ID : 21739855							
Washington Purpose of Disbursement	DC 20005									
BANK FEE		001	Amount of Each Disbursement this Period							
Candidate Name		Category/								
		Type	29.94							
Office Sought: House Disbursen	nent For:									
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President State: District:	Other (specify) ▼									
Full Name (Last, First, Middle Initial)										
C.			Date of Disbursement							
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State: District:										
SURTOTAL of Dishursomente This Dage (entires)			5029.94							
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	EMIZED DISBURSEMENTS		rate schedule(s)				e NUMBER: FAGE							
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	NAME OF COMMITTEE (In Full)													
$ \rangle$	National Committee to Preserve Sc	ocial Sec	curity & Med	dicar	e P	AC								
$\angle$	Full Name (Last First Middle Isitis)					-								
Δ	Full Name (Last, First, Middle Initial)  Schatz For Senate						Date o	f Dis	sburse	ment				
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	Sen. Brian E. Schatz				egory ype	y/			7			100	0.00	
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	X Senate	Primary	General				Contrib	utior	1					
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Р	Full Name (Last, First, Middle Initial)						D - 1	, r.	- l · · ·					
В.	Debbie Dingell For Congress						Date o			_				
	Mailing Address PO Box 746					-	M = M 04	1	0:	-   '		014	Y	
	TO BOX 740						04		Ų.					
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	Candidate Name	Category/					Amount of Each Disbursement this Period						Ju	
	Debbie Dingell													
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_	State: MI District: 12													
_	Full Name (Last, First, Middle Initial)						Б.	,						
C.	Mark Pryor For Us Senate						Date o	t Dis	sburse	ment				
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	Purpose of Disbursement INKIND CONTRIBUTION				11									
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ļ ,	OTAL This Period (last name this line number only)													

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 16 OF 16								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		25 26 29 30						
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NAME OF COMMITTEE (In Full)  National Committee to Preserve S	ocial Security & Medi	care PAC								
Full Name (Last, First, Middle Initial)  DEMOCRATIC SENATORIAL CAI		_	Date of Disbursement							
Mailing Address 120 MARYLAND AVENUE, NE	WEAIGN COMMITTE		M M / D D / Y Y	014						
WASHINGTON	State Zip Code DC 20002		Transaction ID : 21697714							
Purpose of Disbursement 2014 ANNUAL MEMBERSHIP		011	Amount of Each Disbursement	t this Period						
Candidate Name	,	Category/ Type		15000.00						
Office Sought:  House Senate President State: District:	ment For: Primary General Other (specify)		2014 ANNUAL MEMBERSHIP							
Full Name (Last, First, Middle Initial)			Date of Disbursement							
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Candidate Name		Category/ Type								
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Full Name (Last, First, Middle Initial)			Date of Disbursement							
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Purpose of Disbursement  Candidate Name	[	Category/	Amount of Each Disbursement	t this Period						
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SUBTOTAL of Disbursements This Page (optional)		·····		15000.00						
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